



P.O. Box 306, Blackwood, New Jersey 08012

www.blackwoodfire.org

Dear Applicant,

Welcome to Blackwood Fire Company! We are excited that you have seized the opportunity to join our team.

In order to successfully complete your application there are a few steps and requirements. First, you must be at least 18 years of age at the time of application. Second, your application must be notarized prior to your returning it to the Investigating Committee; this can be done either by outside resources, or by the Administrative Clerk to the Board of Fire Commissioners. Third, if and when your application is accepted, you will be contacted to pick up a physical form at the office of the Board of Fire Commissioners, this must be completed for the application process. Should your application be declined, you will be given a written letter explaining our decision.

Thank you for your interest in the Blackwood Fire Company. We look forward to working with you. Should you have any questions, we can be contacted on Tuesday nights at 7:30 pm at (856) 227-7798, or via email at blackwoodfire@comcast.net.

Sincerely,

The Investigating Committee

APPLICATION FOR MEMBERSHIP

Application #: _____ Date of Application: _____

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Telephone #: _____ Social Security #: _____

Email Address: _____

Driver's License #: _____ State: _____

Emergency Contact Information: _____
Name Area Code Phone Number

_____ Street City State Zip

Has your driver's license ever been revoked? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, please explain. Use reverse side of form if necessary.

Have you ever sustained any serious injuries or currently suffer from any physical limitations which would prevent you from performing in the capacity of a firefighter? _____ Yes _____ No

If yes, please explain. Use reverse side of form if necessary.

Have you ever been a member of another fire company, ambulance squad, etc.?
_____ Yes _____ No

If yes, please list all. Use reverse side of form if necessary.

BLACKWOOD FIRE COMPANY
APPLICATION FOR MEMBERSHIP

Occupation: _____

Name, address and telephone number of current employer.

If applicable, please list two previous employers:

1. _____
Employer Street City State Area Code Phone

2. _____
Employer Street City State Area Code Phone

Please list three personal references other than persons related to you:

1. _____
Name Street City State Area Code Phone

2. _____
Name Street City State Area Code Phone

3. _____
Name Street City State Area Code Phone

Have you ever been convicted of or involved in arson? _____ Yes _____ No

If yes, please explain. Use reverse side of form if necessary.

State of New Jersey
County of _____

Notary Public

Date of signing

Applicant Signature
Application must be signed in presence of Notary

For Official Use Only

Application received by investigating committee: _____ Application assigned to: _____

Investigation completed: _____ Applicant notified for physical: _____

Investigating committee representative signature: _____

Investigating committee representative signature: _____

Investigating committee representative signature: _____

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any officers of the Investigating Committee or other authorized official of the Blackwood Fire Company bearing this release within one year of its date, to date, to obtain any information in your files pertaining to my employment, military, credit, or educational records including but not limited to academic, attendance, achievement, athletic, personal history, disciplinary, medical, or credit records. This release is granted with the full knowledge and understanding that the information is for the official use of the Blackwood Fire Company.

I hereby release you, as custodian of such records, from any liability or damages of whatever kind resulting at any time because of compliance with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature: _____
Full Name (First, Middle, and Last)

Name: _____
Last First Middle

Date: ____/____/____
Month Day Year

Current Address: _____
Street Address City State Zip Code

Telephone: (____) _____
Area Code

Witness: _____
Signature

CONDITION OF MEMBERSHIP

In applying for membership to the Blackwood Fire Company, you will be required to undergo a medical examination, which is provided at no cost to you. Included as a part of this examination is a process to detect the presence of drugs in your system. By way of this waiver, you are duly notified that your submission and subsequent negative results to this drug/alcohol testing shall be a condition of membership to the Blackwood Fire Company.

Through your signature, you indicate your understanding that refusal to submit to this test shall cause the immediate termination of your application process and you shall not become a member of the Blackwood Fire Company.

Through your signature, you indicate your understanding that any presence of drugs/alcohol shall cause the immediate termination of your application process and you shall not become a member of the Blackwood Fire Company.

Through your signature, you indicate your understanding that any application process for membership to the Blackwood Fire Company shall not be reinstated for a minimum of one year from the date of your refusal or examination.

With full knowledge of the foregoing statements, I hereby agree to submit to a pre-entrance medical examination and the drug/alcohol testing process included in same examination, as determined by the contracted medical service provided to the Board of Fire Commissioners, Gloucester Township Fire District #4.

Signature of Applicant

Date

Printed Name of Applicant

Date

Signature of Witness (shall not be the Notary Public)

Date

Printed Name of Witness

Date

Signature of Notary Public

Date